

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE  
2008 MAY 15 PM 1:24

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Jeff Mosiman Iowa House

**IMPORTANT:** Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Jeffrey Mosiman

Political Party (if applicable)

Republican

Office Sought

House

District (if Senate or House)

14

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1783</u>
Logged In	<u>2</u>
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Jeff Mosiman  
**SIGNATURE OF PERSON FILING REPORT**

641 749 2217  
**TELEPHONE**

15 MAY 08  
**DATE SIGNED**

I AM FILING A MAY-19-2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

	\$ <u>0</u>
	\$ <u>975.22</u>
	<u>-</u>
	<u>-</u>
<b>SUB-TOTAL</b>	\$ <u>787.21</u>
	<u>188.01</u>
	\$ <u>627.99</u>
	<u>-</u>
	<u>-</u>
	YES <u>X</u> NO
	\$ <u>-</u>

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens for Jeff Mosiman Iowa House*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
-Apr-30 2008	ID# CK# ?	Bruce Brva P.O. Box 26 Nora Springs IA 50458	N/A	\$ 25 <sup>00</sup>	<input type="checkbox"/>
-Apr-24 2008	ID# CK# ?	Parrell Black 660 2nd Pl SE Mason City IA 50401	N/A	25 <sup>00</sup>	<input type="checkbox"/>
MAR-11 2008	ID# CK# CASH DONATION	Jeff Mosiman 14474 Varrow Ave Nora Springs IA 50458	myself	35 <sup>00</sup>	<input type="checkbox"/>
MAY-13 2008	ID# CK# 4797	Irene Mosiman P.O. Box 211 Morseville, IA 50457	great aunt	\$ 25 <sup>00</sup>	<input type="checkbox"/>
MAR-24 2000	ID# CK# —	PayPal 2145 Hamilton Ave San Jose, CA 95125	N/A	.22	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 110<sup>22</sup>

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Jeff Mosiman Townhouse

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
May 30 2008	ID# CK# 2601	Pete Daniels 2388 240th St Garnett, IA 50438	Great Uncle	\$ 15.00	<input type="checkbox"/>
MAY - 9 2008	ID# CK# 5267	Steve Stokesbury 627 Arrowhead Ct Dakota Dunes, SD 57049	N/A	\$ 50.00	<input type="checkbox"/>
APRIL - 9 2008	ID# CK# 2513	Richard Arthur 22502 Zinnia Ave Norm Springs, IA 50458	N/A	\$ 25.00	<input type="checkbox"/>
Apr 16 2008	ID# CK# 6760	Cecil Mosiman 316 Luicks Ln N Apt E2 Belmond, IA 50421	Great Uncle	\$ 20.00	<input type="checkbox"/>
Apr 10 2008	ID# CK# ?	Dennis Becker 1045 6th St SE Mason City, IA, 50401	N/A	\$ 25.00	<input type="checkbox"/>
Apr 18 2008	ID# CK# 4148	Bill Selver 23541 260th St Norm Springs, IA 50458	N/A	\$ 50.00	<input type="checkbox"/>
April - 22 2008	ID# CK# ?	Nora Selver 24135 260th St Norm Springs, IA 50458	N/A	\$ 20.00	<input type="checkbox"/>
Apr 30 2008	ID# CK# 7899	Greg Selver 2017 Line Elm Rd Osage, IA 50461	N/A	\$ 25.00	<input type="checkbox"/>
Apr 9 2008	ID# CK# 8986	Jeff & Mica Harris 330 Woodbine Mason City, IA 50401	N/A	\$ 50.00	<input type="checkbox"/>
Apr. 12 2008	ID# CK# 8292	Bob Kurlin P.O. Box 302 Winona, MN 55987	N/A	\$ 100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 380

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens for Jeff Mosiman Town House*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND RAISER INCOME
Apr-22 2008	ID# CK# ?	Jerry Miller 102 4th SE Rudd, IA 50471	N/A	\$ 20.00	<input type="checkbox"/>
Apr 24 2008	ID# CK# 3937	Larry Stille 12057 Wren Ave Rockford, IA 50468	N/A	\$ 15.00	<input type="checkbox"/>
Apr 24 2008	ID# CK# ?	Marcus & Cathy Spotts 16906 Warbler Ave NORA SPRINGS IA 50458	N/A	\$ 100.00	<input type="checkbox"/>
Apr 24 2008	ID# CK# ?	Tom Levard P.O. Box 227 Wilton IA 52278	Uncle	\$ 25.00	<input type="checkbox"/>
Apr-24 2008	ID# CK# 1283	Becky Levard 643 Hawkeye CT Iowa City IA 52246	Cousin	\$ 25.00	<input type="checkbox"/>
Apr 8 2008	ID# CK# ?	Diane Solun 841 Polk Place Mason City IA 50401	<del>Cousin</del> <del>Grandfather</del> Grandfather	\$ 25.00	<input type="checkbox"/>
Apr 10 2008	ID# CK# ?	Gene Watson 419 N Grant St Mantoloking IA 50456	N/A	\$ 25.00	<input type="checkbox"/>
Apr 8 2008	ID# CK# ?	Bob Johnson 3 Fairmeadow Ct Mason City, IA 50401	N/A	\$ 25.00	<input type="checkbox"/>
MAY-7 2008	ID# CK# 8432	William & Susan Kennedy 2408 Main Ave Clear Lake IA 50428	N/A	\$ 25.00	<input type="checkbox"/>
Apr -8 2008	ID# CK# 5816	De Breyer 1725 S. Delaware Mason City, IA 50401	N/A	\$ 200.00	<input type="checkbox"/>

SUB-TOTAL

\$ 485

TOTAL (If last page of this schedule)

\$ 975.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE  
**B**  
(Rev. 07/03)

MONETARY  
EXPENDITURES

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Jeff Mosiman Iowa House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
Apr 14 2008	ID# CK# 1001	Jeff Mosiman 14474 Yarrow Ave NORA SPRING IA 50458	Campaign Photo, paper subscri. phone Postage	\$ 222 <sup>49</sup>
Apr 15 2008	ID# CK# 1002	USPS 19 S. Hawkeye Ave Nora Springs IA 50458	Postage	149 <sup>00</sup>
Apr 23 2008	ID# CK# 1003	Staples 3440 4th St SW Mason City IA 50401	Ink	56 <sup>68</sup>
Apr 24 2008	ID# CK# 1004	Trophies Unlimited 524 Federal Ave N. Mason City IA 50401	ID Badges	14 <sup>98</sup>
Apr 24 2008	ID# CK# 1005	Staples 3440 4th St SW Mason City IA 50401	Paper	10 <sup>69</sup>
Apr 28 2008	ID# CK# 1006	Jeff Mosiman 14474 Yarrow Ave Nora Springs IA 50458	paper, envelopes, labels, ink hotel for campaign school	233 <sup>67</sup>
May 9 2008	ID# CK# 1008	Nora Springs Rockford Reg 19 E Congress St Nora Springs, IA 50458	Subscription	28 <sup>00</sup>
May 9 2008	ID# CK# 1009	Globe Gazette 300 Washington N Mason City IA 50401	Add - "paid for by"	21 <sup>20</sup>
SUB-TOTAL				\$ 787.21
TOTAL (if last page of this schedule)				\$ 787.21

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

appeared in  
Globe Gazette on →  
May 10, 2008

MAY-10-2008  
101 Notices

The friends & family letter sent out by Jeff Mosiman was paid for by Citizens for Jeff Mosiman, IA House.

Page 1 of 1

(for Schedule B)

**FOR INSTRUCTIONS, SEE BACK OF FORM**

<b>SCHEDULE</b> <b>D</b> (Rev. 08/98)	<b>INCURRED INDEBTEDNESS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

CITIZENS FOR JEFF MOSIMAN IOWA HOUSE

**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

## Reset Form

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
May 14 2008	Jeff Mosiman 14474 Yarrow Ave Norm Springs, GA 30458	Milage	\$ 627.99
SUB-TOTAL			\$ 627.99
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 627.99

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.